



State of Maryland Behavioral Health Advisory Council

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary, DHMH

THE MARYLAND BEHAVIORAL HEALTH ADVISORY COUNCIL

Minutes

May 17, 2016

Maryland Behavioral Health Advisory Council Members Present:

Makeitha Abdulbarr, Barbara L. Allen, Barbara J. Bazron, Dori S. Bishop, Karyn M. Black, Anne Blackfield, Lori Brewster, Kelby Brick, Mary Bunch, Laura Cain, Sara Cherico-Hsii, Ian Clark for Michelle Wojcicki, Jan A. Desper Peters, Catherine Drake, The Hon. Addie Eckardt, Kate Farinholt, Robert Findling (by phone), Ann Geddes, Lauren Grimes, Carlos Hardy, Dayna Harris, James Hedrick, Susan Lichtfuss, Sharon M. Lipford, Theresa Lord, Dan Martin, Dennis L. McDowell, Randall S. Nero for Stephen T. Moyer, The Hon. Dana Moylan Wright, Kathleen O'Brien, Yngvild Olsen, Mary Pizzo, Charles Reifsnider, Keith Richardson, Karen Salmon, Catherine Simmons-Jones, Brandi Stocksdales, Tracey Webb (by phone), Anita Wells, John Winslow, Kathleen Woell, Phoenix Woody

Maryland Behavioral Health Advisory Council Members Absent:

Kenneth Collins, Elaine Hall, Shannon Hall, Christina Halpin, Virginia Harrison, The Hon. Antonio Hayes, Japp Haynes, IV, Michael Ito, Gayle Jordan-Randolph, Joel E. Klein, The Hon. George Lipman, Jonathan Martin, Ellen M. Weber

BHA Staff Present:

Kathleen Rebbert-Franklin, Marian Bland, Cynthia Petion, Rachael Faulkner, Robin Poponne, Hilary Phillips, Larry Dawson, Nicolle Birkhead, Michael Hawkins, Thomas Merrick, Richard Ortega, Lori Mannino, Brandee Izquierdo, Barry Page (by phone)

c/o Behavioral Health Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473

TDD for Disabled – Maryland Relay Service (800) 735-2258

Healthy People in Healthy Communities

Guests and Others:

Robert Axelrod, Kaiser Permanente; Wright Doss, Prince George's County Health Department;
Lori Rugle, Maryland Center of Excellence on Problem Gambling;
Julia Jerscheid, Mid-Shore Consumer Advocate; Roy Jordan, Gaudenzia;
Tim Santoni, University of Maryland-Systems Evaluation Center;
Thomas Werner, Community Advocate-Frederick, MD; Lisa Lowe, Heroin Action Coalition;
Doris McDonald, CCBH Committee and Calvert County Health Department, Behavioral Health;
Karl Steinkraus and Jackie Pettis, Beacon Health Options;
Jordan More, Maryland Department of Legislative Services;
Al Laws and Laura Mueller, WIN Family Services Inc., (by phone);
Melissa Einhorn, Intern for Senator Addie Eckardt; David Gale, Calvert County CSA;
Crista Taylor, Behavioral Health Systems Baltimore representing MACSA;
Catherine Gray, Ann Hoyt and Allison Schuh, Anne Arundel County CSA;
Jennifer Lowther, University of Maryland, Baltimore, School of Social Work;
Neil Edwards, Talbot County Health Department, Local Addiction Authority;
Cathy Howard, Anne Arundel County Health Department, Behavioral Health;
Brian Frazee, Maryland Hospital Association;
Cara Sullivan, Governor's Office of Crime Control & Prevention

INTRODUCTIONS/ADOPTION OF MINUTES

The meeting was called to order by Yngvild Olsen, M.D. (Chair). The draft Maryland Behavioral Health Council minutes dated March 15, 2016 were approved. Please note that the approved minutes will be posted on the Behavioral Health Administration's (BHA) Web site at <http://bha.dhmh.maryland.gov/Pages/Maryland-Behavioral-Health-Advisory-Council.aspx> .

ANNOUNCEMENTS

- Kate Farinholt, Executive Director, National Alliance on Mental Illness, Maryland (NAMI Maryland) announced NAMIWalks, an annual signature walkathon event that promotes mental health education and awareness as well as help raise funds, will be held in Baltimore, MD at the Inner Harbor on May 21, 2016. Additionally, the mayor of Easton, Maryland, issued a proclamation recognizing mental health awareness month and the local law enforcement and their efforts on crisis intervention.
- Lauren Grimes announced that On Our Own of Maryland's 2016 Annual Conference, "Building Blocks of Recovery: Housing, Health & Hope" will be held on June 9th and 10th in Ocean City, MD at the Princess Royale Hotel. The conference, which is open to consumers, family members, providers and stakeholders across the state, will include informative workshops on housing opportunities and models, peer recovery and supports, health living concepts, medication assisted treatment, behavioral health, and many other topics.
- Jan Desper Peters, Executive Director of the Black Mental Health Alliance for Education and Consultation, Inc. (BMHA) announced on May 19, 2016, BMHA will host a forum to address issues and challenges faced by youth in our communities. The keynote speaker will be Karen Pittman, CEO and Co-founder of The Forum for Youth Investment. The Forum for Youth Investment has worked with state policy makers to coordinate and align their state's efforts to improve outcomes for children and youth and the Ready by 21 Initiative. This event will be held at the New Shiloh Baptist Church, Baltimore.

THE DIRECTOR'S REPORT - Barbara J. Bazron, Ph.D, Executive Director, Behavioral Health Administration (BHA)

- *Peer and Family Voices*

Dr. Bazron discussed efforts the administration is making around service integration. She first highlighted and acknowledged another event that recognized "May Mental Health Awareness Month" held in Annapolis in collaboration with Maryland's First Lady Yumi Hogan, and the Children's Mental Health Matters Campaign team, Maryland Coalition of Families (MCF) and Mental Health Association of Maryland (MHAMD), along with Dr. Al Zachik, BHA's Deputy Director for Children's Services. The event highlighted youth art displays with the children's expressive work depicting what makes them mentally happy. Mrs. Hogan presented the Governor's Proclamation declaring May 1-7, 2016 as Children's Mental Health Awareness

Week. The Children's Mental Health Matters Campaign's goal, with close to 250 partners and schools across the state, is to raise awareness of the importance of children's mental health.

Other efforts that are important as we restructure our system are initiatives that expand both peer and family involvement. Infusing peer specialists throughout the organizations and agencies of Maryland's public behavioral health system remains a priority for the Behavioral Health Administration.

- ***New Behavioral Health System Regulations***

The DHMH Secretary signed the new state regulations for Community-Based Behavioral Health Programs and Services, on April 29, 2016, and they appeared in the Maryland Register on May 13. The new regulations will become effective on July 1, 2016. Rachael Faulkner, BHA's Director, Office of Government Affairs, also stated that the Administration have informed providers they will have eighteen (18) months to submit applications for licensure under the new regulations. Existing and new programs will have until January 1, 2018 to apply. Under the new regulations, programs are required to be accredited in order to be licensed to provide community based behavioral health services. The regulations are to ensure that we have the same quality standards across our system. All programs, inside and outside of the BHA, are required to be accredited and licensed by national agencies by January 1, 2017. Please refer to the following link below on the Maryland COMAR website to read and forward the new regulations. A link is also posted on BHA's [Accreditation Website](http://www.dsd.state.md.us/COMAR/subtitle_chapters/10_Chapters.aspx#Subtitle63) for providers and will be posted to BHA's Regulations' webpage in the near future. **COMAR 10.63.01 - 10.63.06**
http://www.dsd.state.md.us/COMAR/subtitle_chapters/10_Chapters.aspx#Subtitle63

- ***Ambulatory Services***

The BHA will be transferring all ambulatory grant funded services for the treatment of Substance Use Disorders (SUD) to a fee-for-service structure, managed by the state's Administrative Services Organization (ASO), Beacon Health Option (Beacon), formerly known as ValueOptions, by January 17, 2017. BHA management is currently working with a workgroup to address issues faced by the provider community. One issue was around system capacity and the need to recruit new providers around the state, particularly in areas where there is a limited capacity that may occur as a result of this transfer. CSA's and LAA's were also part of the process to determine the need for additional provider capacity. The BHA submitted an Expression of Interest (EOI) statement to the community to solicit responses from providers who may wish to expand into targeted areas. BHA is particularly interested in expanding service capacity in Calvert, Caroline, Cecil, Frederick, Talbot, Queen Anne, Kent, and Somerset counties. These counties requested to be included the expression of interest. All information collected will be provided to the local health officers, CSA, and LAA representatives. The BHA is also working with LAA's to further enhance their efforts and role in systems oversight and service capacity. The development of a geographical map that looks at where providers are located in various parts of the state is part of this process as well as creating a toolkit and a series of spreadsheets that will help calculate needed productivity standards for a provider to break even in a fee-for-service environment.

- ***Evidence-Based Practices***

The BHA is continuing to move forward in implementation of evidence-based practices. One area is in specialized programs for early identification and first episode psychosis. Components of these programs utilize EBP supported employment and family psycho education. Maryland current initiatives to address early psychosis include: RAISE Connection, University of Maryland, The Maryland Early Identification Program (EIP), and the development of two teams, an expansion of both models, in Baltimore and Montgomery counties. The EIP Advisory Council meets twice annually to discuss ongoing efforts on program implementation and evaluation. Another area to address further is related to the use of telehealth as a means to extending our clinical practices and resources.

- ***Behavioral Health Plan Stakeholders Meeting***

On April 21, 2016, the BHA hosted its annual Stakeholders meeting to gain input and participation on the development of the FY 2017 State Behavioral Health Plan. The discussion focused on four priority areas: developing an integrated behavioral health care system, the expansion of peer support, creating a data-driven decision-making process, and cultural and linguistic competence. As the BHA becomes more of a data driven organization, data will be used for quality improvement. We are currently developing ways to infuse these priority areas into our practice. Cynthia Petion, BHA, Director, Office of Planning, also thanked Council representatives for their participation in the planning process. The Council's Planning Committee will be involved in reviewing the Plan to help further shape recommendations for strategies. Additionally, Dr. Bazron stated that internal planning efforts were underway to create and effectively implement an integrated system of care at the organizational level. Therefore, leadership is looking at BHA core functions and reorganizing the administrative structure to address our needs.

- ***State Operated Hospital Bed Capacity Issue***

The state hospitals bed capacity is another serious issue currently being addressed. As of March 28th we were over census. Court-orders and other admissions, along with hospital warrant cases, is creating a growing demand for inpatient services. Further, additional concerns regarding the quality of care, patient safety, and staffing issues have led to the planning of a workgroup by the DHMH Secretary Mitchell and Deputy Secretary, Dr. Jordan-Randolph for Behavioral Health. The formation of a workgroup will bring together key stakeholders together to address the bed capacity issue in our facilities by reviewing the current admissions, discharges, treatment and aftercare processes and to identify specific strategies to enhance the State's capacity to meet the current demand for psychiatric in-patient care for both civil and forensically involved citizens. An outside objective facilitator will chair the workgroup of stakeholders, judiciary officers, LAA, CSA, and consumers who will join BHA efforts to create recommendations for necessary corrections.

Dr. Bazron stated that the bed capacity issues are part of a long-standing facility-based problem that can only be addressed by creating strategies that can be employed through admission all the way through discharge if we hope to unclog our system. Dr. Bazron also believes that we need to create a clear path forward as well as a clear away to address these issues. The need for community partnerships to help us with this issues, as the main problem lies in the difficulties in finding community placements after hospitalization.

LEGISLATIVE WRAP-UP

Prescription Drug Monitoring Program - Modifications

Rachel Faulkner, Director of Communications, provided an update of the activities of the 2016 Legislative Session. A brief summary of several bills of interest, bills requiring additional action from BHA, such as regulations, programming, and new reporting requirements. Rachel discussed at length, Senate Bill 537 which requires health care providers who prescribe controlled dangerous substances (CDS) to be registered with the Prescription Drug Monitoring Program (PDMP) and to request monitoring data before prescribing or dispensing drugs that contain opioids or benzodiazepines. Licensed Pharmacists in Maryland must be registered with the PDMP by July 1, 2017. Beginning October 1, 2016, practitioners authorized to prescribe CDS in Maryland must be registered with the PDMP prior to obtaining a new or renewal state CDS Registration (issued by the Division of Drug Control) or by July 1, 2017.

Dr. Olsen made the point that a significant amount of work is occurring at the state and federal level regarding Opioid related addiction, treatment and prevention which is important in light of the high number of opioid deaths, specifically heroin and fentanyl deaths, in the nation. Seventeen house bills passed related to opioid addiction were passed in the 2016 session, while additional bills are being supported. Funding for many of the bills is pending, members of the Council were encouraged to reach out to congressional representatives in regards to increasing support for bills in need of funding.

During the 2016 legislative session several house bills were passed that addressed the following issues: opioid treatment programs, school behavioral health services, children and adolescents, telemedicine, public safety, medical assistance programs, recovery residences, and language access.

Behavioral Health Advisory Council - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan: Senate Bill 551

Dan Martin, Esq., informed the full Council that Senate Bill 551 requires the Behavioral Health Advisory Council, in consultation with specified agencies, specified health providers, and specified stakeholders, to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide 24 hours a day and 7 days a week. The bill specifies requirements for the strategic plan and requires the council to submit an update on the development of the strategic plan in its 2016 annual report required by December 31, 2016.

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The bill takes effect June 1, 2016. Dan outlined the steps the BHAC will take in order to fulfill the requirements of this bill. The following links will direct you to information regarding the bill:

<http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=hb0682&stab=01&pid=billpage&tab=subject3&ys=2016RS>
<http://mgaleg.maryland.gov/2016RS/bills/hb/hb0682T.pdf>

COUNCIL BUSINESS

Behavioral Health Advisory Council Committees Meetings

Dr. Olsen stated how much she appreciated the interest and participation of the advisory council members in the council committees.

Cynthia Petion mentioned that committees were meeting after the May 17 council meeting to introduce committee logistics to interested participants. Committee Chairs and Co-chairs will be present to provide an understanding of the areas each of the committees has been tasked with. There are currently eight established committees and it was asked that note taking and minutes be taken by those in attendance.

The meeting was adjourned.

Next Maryland Behavioral Health Advisory Council Meeting

Tuesday, July 19, 2016

9:30 AM – 11:00 AM

Dix Building, Lower Level Conference Room